

Foster Family Network News—Child Mental Health

Delaware Children's
Department

FALL 2008

A MESSAGE TO FOSTER PARENTS:



Dear Foster Parents,

Because the mental health of the children in our care is so important, the Children's Department Division of Child Mental Health and the Division of Family Services have worked together to bring you this special edition of *Foster Family Network News*.

As a child ages, the child matures physically, emotionally and intellectually. A child's mental health is shown by how the child interacts with the environment. It is always evaluated based on the child's developmental age, which is a combination of his age, intellectual ability and maturity.

A child with good mental health:

- Works to academic ability in school;
- Follows rules in school and at home;
- Manages behavior under age-appropriate supervision;
- Seeks support and affection from important adults in his/her life; and
- Interacts with peers in an age-appropriate manner.

Mental health impacts directly on the daily life and future of a young person. For example, schoolwork, relationships and physical health can be affected by mental health. Caring for and protecting a child's mental health, especially for children with traumatic stress from sexual and/or physical abuse or from witnessing violence is a major part of helping that child grow to become the best he or she can be.

Trauma-specific treatment at the level of best practice is now available for children in our child welfare system. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is office-based counseling that is proven to help children who suffer from child traumatic stress. In this issue, you'll read more about this 12—16 session treatment. Since children often achieve better results with caregiver participation, the involvement of the foster parent in treatment is important.

In the pages that follow, there is information about how you can help the children in your home and how to access professional mental health services. All of us at the Children's Department want to be your partners as we strive together to always ***think of the child first***.

Sincerely,

Carlyse Giddins, Director,
Division of Family Services

Susan A. Cycyk, M.Ed., CRC, Director,
Division of Child Mental Health Services

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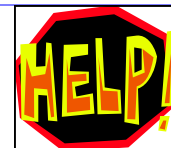


*A Comprehensive
System of Care
to meet the needs of
Delaware's
Children*



**Learn more about child
traumatic stress at:
www.nctsn.org**

Delaware's Child Mental Health Statewide Crisis Intervention Service



The Division of Child Mental Health Services' Crisis Intervention Service operates 24 hours a day, 7 days a week, statewide.

The crisis intervention service can:

ASSESS a child in an emergency situation and make recommendations for assuring safety.

PROVIDE a short-term crisis (shelter) bed in situations where the family is unable, for a short time, to ensure the safety of the child if he/she remains at home. During the short stay, the crisis team staff works with the family, school and others to address mental health issues and establish plans for the child to safely return to home and community.

TREAT child/family with intensive crisis intervention counseling for about 4 weeks to resolve issues.

REFER the child/family for other services as appropriate.

When the child involved is already in treatment, contact the child's therapist first.



To contact the crisis service, call:

New Castle County 302-633-5128
(north of C&D canal)

New Castle County 1-800-969-HELP (4357)
(south of C&D Canal)

Kent&Sussex Counties 1-800-424-HELP(4357)
OR

TOLL FREE at 1-800-722-7710 Statewide

Callers must be ready to provide information about the crisis situation and the child involved. It may seem frustrating to have to answer such questions, but the information is critical to the staff making decisions about client risk and the need for a mobile, on-site response.

DCMHS' Crisis Service always tries to get parental/custodial permission before it completes an emergency assessment. However, because of the emergency nature of the child's problem, the Crisis Service will complete an assessment if it cannot find the parent/custodian. **After the emergency assessment, the Crisis Service will not provide further treatment without the permission of the parent/guardian.**

If the Crisis Service determines that a child is a serious danger to him or herself or to another due to mental illness or substance abuse, the Crisis Service can hospitalize the child. In Delaware, only a parent (not a custodian) can give permission for hospitalization. When a parent is unavailable, the child may be committed to psychiatric hospitalization which requires a medical doctor's evaluation and completion of the necessary forms for involuntary commitment.

If foster parents call the DCMHS crisis service, they must also contact their DFS worker.

Foster parents are encouraged to call the DCMHS crisis Intervention Service and to make full use of the public children's mental health and substance abuse services as appropriate for children in care.

What's Available through the Division of Child Mental Services

The Division of Child Mental Health Services (DCMHS) is a CARF-accredited managed behavioral health-care organization with a statewide network of service providers.

DCMHS serves:

- Children and their families without insurance and those whose insurance for mental health has been exhausted.
- Children and their families with Medicaid who require more intensive treatment than can be provided in the basic Medicaid benefit of up to 30 hours of outpatient services per year. (See Available Services, p. 3)



ACCESS TO DELAWARE'S CHILD MENTAL HEALTH SERVICES:

Delaware's public children's behavioral healthcare system for children who are enrolled in Medicaid or without insurance is committed to:

- Accessible service
- Appropriate treatment
- Treatment in the least restrictive, most normal setting, in the community when possible.

Foster children are Medicaid eligible. Beyond primary healthcare, the basic Medicaid healthcare benefit for children includes up to 30 hours of outpatient mental health and/or substance abuse services each year (renews annually). There are a wide array of providers who can treat children and adolescents and their families, specifically including foster families.

To access outpatient mental health or substance abuse services for children with Medicaid, please contact the Medicaid managed care organization at the phone number listed on the back of the child's Medicaid Insurance Card.

Please—Ask for at least 3 outpatient providers you can call to schedule an appointment as some providers may have wait lists.

.....Available Services (continued from page 2)

(Continued from page 2)

SERVICES: DCMHS offers a wide array of mental health and substance abuse services statewide including:

- Crisis Intervention
- Outpatient Treatment, with assessment
- Home-based, intensive outpatient treatment
- Individual, Group and Family Therapy
- Day Treatment
- Residential Treatment
- Individual Residential Treatment
- Psychiatric Hospital

Mental health and substance abuse services (except outpatient) are approved by DCMHS based on clinical necessity and are integrated through care management with other services used by the child and caregiver/family. Care management is an effective way to make sure services are the right services for the child and are most helpful to the child and family.

If you have ANY questions, please call the DCMHS' INFORMATION AND REFERRAL LINE:

302- 633-2571

OR

1-800-722-7710

TOLL FREE during business hours.



HANDBOOK FOR CHILD/FAMILY ENTERING CARE:

When a child/family enter DCMHS treatment, they receive a HANDBOOK for the child and family entering care.

A care manager (or a therapist for crisis and outpatient services) reviews the handbook with the child and family. Handbooks may be seen at the DCMHS website—

<http://kids.delaware.gov> Spanish and large print versions are also available.

What is Child Traumatic Stress?



Children are exposed to many kinds of trauma, including

- Physical abuse
- Sexual abuse
- Neglect and/or abandonment
- Family violence
- Community violence
- Traumatic loss of a loved one
- Removal from home and placement into foster care.

Generally, trauma is defined as *an experience that threatens life or physical well-being and overwhelms an individual's capacity to cope.*

Some children manage to get through trauma without lasting effects. Other children suffer from traumatic experiences and some develop Post Traumatic Stress Disorder (PTSD), which can lead to disruptive behaviors at home or in school, decreased ability to learn, sleep problems or nightmares, avoidance of certain places or situations, withdrawal from friends or from family or caregivers, developmental regression (e.g. return to bedwetting) or reckless, high risk behaviors, including drug or alcohol use. Children may have “emotional numbing,” or feel nothing at all about the traumatic event.

Without treatment, children with PTSD are likely to continue to have these symptoms and the problems can become worse over time. To learn more, go to WWW.NCTSN.ORG and click on “For Parents and Caregivers.”

Question: Is there effective treatment for child traumatic stress?

Answer: YES ! And it is here in Delaware, especially for children in foster care!!!



Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is mental health treatment that is proven to work well with children with post traumatic stress disorder (PTSD). You can expect the treatment to go for 12—16 sessions in an outpatient office. Children and adolescents whose caregivers are involved in treatment are more likely to have better outcomes. YOU will make a positive and lasting difference in a child's life by participating in TF-CBT.

With funding from a Substance Abuse and Mental Health Services Administration (SAMHSA) grant, DCMHS operates a statewide TF-CBT pilot project called the **Child Well-Being Initiative**. Treatment in this program is free, confidential and provided through Phoenix Behavioral Health, with offices in New Castle, Kent and Sussex Counties. This program can be reached at **(302) 633-2695**. A staff member of DCMHS will be glad to tell you more about the Child Wellbeing Initiative and its free screening service OR you may contact any of the TF-CBT therapists on the back page of this newsletter to set up an appointment for the child and caregiver.

TF-CBT is available statewide!

Child Well-Being Initiative (CWI) to the Rescue

by Monica Fisher, MFSS Division of Family Services-Kent County

Do you have concerns regarding a child placed in your home?
Are you not sure how to effectively engage this child?

The Child Well-Being Initiative (CWBI) may be able to help. It is a program that helps children, teenagers and their parents or caregivers overcome painful effects resulting from upsetting life events such as physical abuse, sexual abuse, removal from home to foster care or sudden, tragic death of a loved one.

Here is the true story of how this program came to the rescue of a Delaware foster family*:

Samantha and Jennifer are siblings placed in foster care. The DFS worker received numerous complaints regarding the behavior of Samantha in the foster home during her current and previous placement. The foster parents also noted some frustrations with the behavior of Jennifer, but focused on Samantha as she was a little more difficult to control. Although both girls were in therapy with a counselor, **a referral for the Child Well-Being Initiative program was completed** for these siblings.



Both children were screened in a relatively short period of time. Surprisingly, Jennifer exhibited symptoms of Post-Traumatic Stress Disorder (PTSD) and Samantha did not. Jennifer was enrolled in the program and began intensive therapy (TF-CBT or Trauma Focused cognitive Behavioral Therapy) with Dr. Chuck Webb from the Division of Child Mental Health Services. With the commitment and concern of the foster parents and Jennifer's good relationship with Dr. Webb, Jennifer was able to successfully finish the program.

During the course of this intervention, Dr. Webb offered various pieces of **practical and individualized advice to the foster parents** about how to handle Jennifer in various situations based on his interactions with her in therapy. This significantly reduced the number of complaints that the DFS worker received from the foster parents as they were better equipped to handle situations with Jennifer. It was noted that Samantha become more open with her feelings especially since she had witnesses the change in her sister's behavior. For that reason, Samantha was re-evaluated and screened positively for PTSD. She also successfully completed the program. Without this intervention, it is almost certain that a placement disruption would have occurred.

The Child Well Being Initiative program is a phenomenal resource available to children between the ages of 7 to 16, "who have experienced an upsetting event in the past and is now exhibiting problems of PTSD." Recently, the program has been fortunate to increase the number of therapists who are trained and certified to provide this level of intensive counseling in various locations throughout the State of Delaware who can see children of all ages.

So what are you waiting for?
Use a life line and call 302-633-2695 to schedule your child's free screening.

**The names of the children in this story have been changed to maintain confidentiality and privacy.*

Foster Care: More than Meets the Eye by Damion Grasso, DCMHS



My wife and I took Marc into our home the same summer of our honeymoon. For those who think marriage demands a lifestyle adjustment, try doing it with a 14-year-old boy with a history of delinquent behavior, four psychiatric diagnoses, and a pill dispenser bigger and more complex than the one used by my late ailing grandmother. Despite that Jen and I both chose careers in the mental health field, foster care delivered a ton of challenges. By far, the biggest challenge required looking beyond Marc's angry outbursts and offensive behavior to attend to a person whose only source of protection had reliably dealt him pain.

Often, the first and only strategies ever used to deal with problems in the foster home involve behavior modification plans, contingency charts, time-outs, and psychotropic drugs. Many children do benefit from behavioral interventions, however there is often more to problem behaviors than meets the eye. First, it is much easier to identify problem behaviors than it is to identify problems involving how a child feels and thinks about himself and the world around him. It was easier for us to identify a problem with Marc's behavior when he put a fist through our wall. It was not as easy for us to learn that Marc felt ashamed of himself for having been sexually molested by an older adolescent or thinks that he is responsible for his mother's suicide because she used to punish him by slicing her arms. Kids often hide these unhealthy thoughts and feelings from their foster parents and never get help for them. Second, problems related to having experienced stressful life events or trauma might show up as externalizing behavior problems. For example, because Marc suffered from intrusive thoughts and images of his mother's suicide at bedtime, he often acted out in order to avoid experiencing these symptoms. Kids may overreact when they face stressful situations in everyday life, especially those that remind them of past trauma. Acting out and hyper-arousal are two trauma-related problems that look a lot like problems related to ADHD or oppositional defiant disorder.

Taking the steps necessary to address trauma-related problems when they exist does not require an advanced degree in psychology or mind reading capabilities. In fact, all children and adolescents who have experienced a potentially traumatic event should be screened for stress-related problems like posttraumatic stress disorder (PTSD). All that is required of you is to be aware of information that might indicate whether the child has experienced trauma and to make an appointment to screen for problems related to that trauma. The Division of Child Mental Health Services (DCMHS) offers both screening and treatment for trauma-related symptoms. Not surprisingly, the majority of children placed in foster care have experienced a traumatic event, including physical and sexual abuse, witnessing or experiencing domestic or community violence, and learning of the violent or traumatic death of a loved one. In fact, the average child in foster care has experienced more than one of these stressful events. At least half of all children in foster care who have experienced trauma are estimated to meet criteria for PTSD. By all means, the fifteen minutes it takes to screen a child for trauma and PTSD is well worth the time!

Getting help for a child who is having problems will benefit the entire family. If a child screens positive for probable PTSD there is trauma-specific mental health treatment available!

If you know or suspect based on problem behaviors that a child in your care has experienced past trauma, please see to it that he or she is screened for trauma-related problems. If mental health treatment is recommended, I hope you will consider participating in some of the treatment sessions. Kids in treatment generally do better with a caring adult who participates in treatment and supports the child in the home.

The resources are available – all you have to do is take advantage of them. To schedule a screening for a child in your care or to learn more about what trauma-related services are available

call the *Child Wellbeing Initiative*, at 302-633-2695.

REMEMBER:

More than 25% of American youth have a serious traumatic event by age 16.

- ***Child trauma is common***
- ***Child traumatic stress can be Identified***
- ***Child traumatic stress is serious***
- ***Caring adults can help***
- ***Child traumatic stress can be treated***
- ***Trauma-specific treatment that works— Trauma-focused Cognitive Behavioral Therapy (TF-CBT) is available in Delaware***

For more information about trauma-specific treatment in Delaware, contact DCMHS— Marsali Hansen, Ph.D. at 302-633-2598



**Marsali Hansen, Ph.D.
Director, Child
Well-Being Initiative,
DCMHS**

What happens during TF-CBT treatment?

Children and their parents or caregivers meet once a week with a therapist who is trained to provide trauma-specific mental health treatment using Trauma-focused Cognitive Behavioral Therapy (TF-CBT).

Sometimes the therapist meets with the child and adult separately, sometimes together. Sessions tend to be 90 minutes long and continue for 12 to 16 weeks.

During these sessions, children and their parents/caregivers learn:

- How to recognize problems resulting from childhood trauma
- Skills for managing troubling thoughts, feelings, and behaviors
- Relaxation skills
- Ways to cope with difficult memories
- Safety skills

Research and our own experience over three years in Delaware shows that TF-CBT works with children to reduce child traumatic stress and improve behavior.

New Mental Health Resources for Foster Parents

The Mental Health Services section of the Child Welfare Information Gateway website has been updated to provide a greater breadth of information on the mental health issues faced by children, youth, and families involved with the child welfare system and ways to improve services and support. Links to publications and resources are provided in the following topical areas:

- Common issues for children, youth, and families
- Range and effectiveness of services
- Working with families and obtaining services
- Systems issues, including mental health in the Child and Family Services Reviews



Visit the Information Gateway website to learn more:

www.childwelfare.gov/systemwide/service_array/mentalhealth/

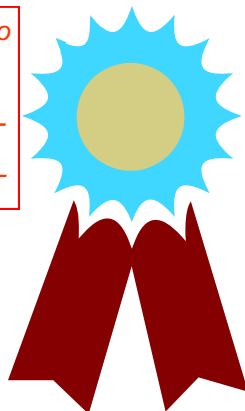
DCMHS TF-CBT Outpatient Therapists

Therapists on this list may be contacted directly.

There is NO prior approval from DCMHS necessary for outpatient services.

"I was afraid to think about what happened to me and I could not talk about it at all. My therapist helped me learn how to think and talk about it. Now I don't have so much trouble falling asleep at night."

~ a foster child after completing TF-CBT



Children entering foster care can have mental health issues that need to be addressed.

New or different parenting strategies and skills can work help!

Child mental health services can promote permanency, safety and child well-being!.

Children and Families First:

Ada Gonzalez Ph.D. – Dover

302-736-3552

Malisa Knox LCSW – Wilmington

302-293-2565

Julius Mullen Ph.D. – Seaford

302-629-6996

Robin Redman LPCMH – Wilmington

302-658-5177

Vicky Kelly, Ph.D, Clinical Director, 302-658-5177

Delaware Guidance Services:

Jennifer Cropper LCSW – Dover

302-678-3020

Terry Cannon LPCMH -, Newark

302-455-9333

Thomas Crichton LPCMH – Wilmington

302-652-3948

Christine L. Eckery MA – Dover

302-678-3020

Patricia Haman LPCMH – Wilmington

302-652-3948

Judith Jones LCSW – Dover

302-678-3020

Allison Unitis LPCMH – Seaford

302-262-3505

Stephen Moores MC, LPCMH – Wilmington

302-652-3948

Perpetua Ngengwe MA, NCC – Dover

302-678-3020

Roxanna Rose LCSW – Wilmington

302-652-3948

Janice Wienhold LPCMH – Seaford

302-262-3505

Carl Chenkin, Ph.D, Clinical Director, DGS

302-652-3948

Jewish Family Services

Oya Alatur LCSW – Wilmington

302-478-9411

Pamela Bushnell LCSW – Wilmington

302-478-9411

Nona Smolko LCSW – Wilmington

302-478-9411

Latin American Community Center

Stephanie Traynor, Ph.D. Wilmington

302-295-2160

Phoenix Behavioral Health

Connie Hamilton MA, LPCMH -,Dover

302-736-6135

Jennifer Rock LCSW - New Castle

302-324-9393

People's Place

Stuart Johnson LPCMH -, Milford & Seaford 302-422-8026

Anne Sweetman LPCMH - Smyrna & Milford 302-653-2371

Lisa Williams LSW – Milford

302-422-1620